



**HIPAA Transaction Sets and Code Sets  
(HTSCS)  
837 Dental Companion Guide Specifications**

**Version 2.3  
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## Table of Contents

<b>1. INTRODUCTION .....</b>	<b>1</b>
<b>2. SCOPE.....</b>	<b>2</b>
<b>3. 837 DENTAL SERVICE REQUEST TRANSACTION MAP.....</b>	<b>3</b>
<b>4. DOCUMENT CHANGE HISTORY .....</b>	<b>41</b>

## **1. INTRODUCTION**

Companion Guides are designed to be used in conjunction with the HIPAA-required *ANSI X12 Implementation Guide and Addenda*. The Companion Guide specifications define current functions and other information specific to South Carolina Medicaid Title XIX (SC Medicaid). The South Carolina Department of Health and Human Services (SCDHHS) solution for the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that providers utilize this companion guide for the indicated transactions.

This Companion Guide supports the requirements of the 4010A1 version of the *ANSI X12 Implementation Guide* and the changes indicated by any addenda for this transaction.

Copies of the *ANSI X12 Implementation Guide* can be obtained by downloading the files from the following WEB site:

[http://www.wpc-edi.com/hipaa/HIPAA\\_40.asp](http://www.wpc-edi.com/hipaa/HIPAA_40.asp)

## **2. SCOPE**

The United States Congress included provisions to address the need for standards for electronic transactions and other administrative simplification issues in the HIPAA, Public Law 104-191, which was enacted on August 21, 1996. Through Subtitle F of Title II of that law, Congress added to Title XI of the Social Security Act a new Part C, entitled, "Administrative Simplification." On August 17, 2000, final regulations were published in the *Federal Register* for, "Standards for Electronic Transactions," which became effective on October 16, 2000. The final rule requires compliance be met within two years of the rule effective date, making compliance necessary by October 16, 2002, unless covered entities have filed for an extension to the deadline. In 2001, in the Administrative Simplification Compliance Act, Congress authorized a one-year extension to October 16, 2003, for those covered and required to comply in 2002. SCDHHS has filed for such an extension.

Electronic submission of claims will follow these guidelines:

- Claims currently filed on CMS-1500 or equivalent current electronic format will be filed on the 837 Professional.
- Claims currently filed on ADA or equivalent current electronic format will be filed on the 837 Dental except for oral surgeons who will use the 837 Professional format.
- Claims currently filed on UB-92 or equivalent current electronic format will be filed on the 837 Institutional.

This Companion Guide includes the scope and transaction maps for the ASC X12N 837 004010X097A1 Health Care Claim Dental transaction set.

The purpose of the guide is to provide support for the submission of the HIPAA-compliant 837 Dental claim and ensure proper processing of claims submitted to SC MEDICAID. Fields from the current SC MEDICAID Dental format have been cross-referenced to the applicable data element in the 837 Dental transaction. South Carolina Medicaid billing requirements should also be followed to ensure proper processing of claims.

### 3. 837 DENTAL SERVICE REQUEST TRANSACTION MAP

\*Unless otherwise noted, please follow the rules of the *ANSI X12 Implementation Guide* (including Addendum) for 004010X097A1.

\*\*The "Loop" column consists of the loop number followed by a "/", whether required ("R") or situational ("S"), then a dash followed by the page number reference in the Implementation Guide.

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
	ISA/R-B.3	ISA01	R	Authorization Information Qualifier	Use Value '00' – No Authorization Information Present (No Meaningful Information in I02)
		ISA02	R	Authorization Information	Enter 10 Blanks
		ISA03	R	Security Information Qualifier	Use Value '00' – No Security Information Present (No Meaningful Information in I04)
		ISA04	R	Security Information	Enter 10 Blanks
		ISA05	R	Interchange ID Qualifier	Use Value 'ZZ' – Mutually Defined
		ISA06	R	Interchange Sender ID	Use the SC Medicaid Assigned Submitter Number – Left Justified – 15 Characters
		ISA07	R	Interchange ID Qualifier	Use Value 'ZZ' – Mutually Defined
		ISA08	R	Interchange Receiver ID	Use Value 'SCMEDICAID' – Left Justified – 15 Characters
		ISA09	R	Interchange Date	Format is YYMMDD
		ISA10	R	Interchange Time	Format is HHMM
		ISA11	R	Interchange Control Standards Identifier	Use Value 'U' – U.S. Community EDI of ASC X12, TDCC, and UCS

**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		ISA12	R	Interchange Control Version Number	Use Value '00410'
		ISA13	R	Interchange Control Number	Assigned by Sender – Must be Identical to Interchange Trailer IEA02
		ISA14	R	Acknowledgement Request	Value '0' – No Acknowledgement Requested Value '1' – Acknowledgement Requested
		ISA15	R	Usage Indicator	Value 'P' – Production Data Value 'T' – Test Data
		ISA16	R	Component Element Separator	Assigned by Submitter
	<b>GS/R-B.8</b>	GS01	R	Functional Identifier Code	Use Value 'HC' – Health Care Claim
		GS02	R	Application Senders Code	Use the SC Medicaid Assigned Submitter ID
		GS03	R	Application Receivers Code	Use Value 'SCMEDICAID'
		GS04	R	Creation Date	Format is CCYYMMDD
		GS05	R	Creation Time	Format is HHMM
		GS06	R	Group Control Number	Assigned by Sender – Must be Identical to Functional Trailer GS02
		GS07	R	Responsible Agency Code	Use Value 'X' – Accredited Standards Committee X12
		GS08	R	Version/Release/Industry Identifier Code	Use Value '004010097A1'
	ST/R-53	ST01	R	Transaction Set Identifier Code	Use Value '837'

**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		ST02	R	Transaction Set Control Number	Assigned by Submitter The value in ST02 must be identical to SE02.
	BHT/R-54	BHT01	R	Hierarchical Structure Code	Use Value '0019'
		BHT02	R	Transaction Set Purpose Code	Use Value '00' - Original
		BHT03	R	Originator Application Transaction Identifier	Use Value '837'
		BHT04	R	Transaction Set Creation Date	Format is CCYYMMDD
		BHT05	R	Transaction Set Creation Time	Format is HHMM
		BHT06	R	Claim or Encounter Identifier	Value 'CH' – Chargeable Value 'RP' – Reporting (use this value for Encounters)
	REF/R-57	REF01	R	Reference Identification Qualifier	Use Value '87' – Functional Category
		REF02	R	Transmission Type Code	Use value '004010X097A1'.
		REF03	N	Description	
		REF04	N	Reference Identifier	
<b>1000A/R-59</b>				<b>SUBMITTER NAME</b>	
	NM1/R-59	NM101	R	Entity Identifier Code	Use Value '41' – Submitter
		NM102	R	Entity Type Qualifier	Value '1' – Person Value '2' – Non-Person Entity
		NM103	R	Submitter Last or Organization Name	

**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		NM104	S	Submitter First Name	Required if NM102=1 (person).
		NM105	S	Submitter Middle Name	Required if NM102=1 and the middle name/initial of the person is known.
		NM106	N	Name Prefix	
		NM107	N	Name Suffix	
		NM108	R	Identification Code Qualifier	Use Value '46' – Electronic Transmitter Identification Number (ETIN)
		NM109	R	Submitter Identifier	Use your SC Medicaid Trading Partner ID.
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	PER/R-63	PER01	R	Contact Function Code	
		PER02	R	Submitter Contact Name	
		PER03	R	Communication Number Qualifier	
		PER04	R	Communication Number	
		PER05	S	Communication Number Qualifier	
		PER06	S	Communication Number	
		PER07	S	Communication Number Qualifier	
		PER08	S	Communication Number	



**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		PER09	N	Contact Inquiry Reference	
<b>1000B/R-66</b>				<b>RECEIVER NAME</b>	
	NM1/R-66	NM101	R	Entity Identifier Code	Use Value '40' - Receiver
		NM102	R	Entity Type Qualifier	Use Value '2' – Non-Person Entity
		NM103	R	Receiver Name	Use value 'SC Medicaid'.
		NM104	N	First Name	
		NM105	N	Middle Name	
		NM106	N	Name Prefix	
		NM107	N	Name Suffix	
		NM108	R	Identification Code Qualifier	
		NM109	R	Receiver Primary Identifier	Use value 'SC Medicaid'.
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
<b>2000A/R-69</b>				<b>BILLING/PAY-TO PROVIDER</b>	
	HL/R-69	HL01	R	Hierarchical ID Number	HL01 must begin with "1" and be incremented by one each time an HL is used in the transaction. Only numeric values are allowed in HL01.
		HL02	N	Hierarchical Parent ID Number	

**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		HL03	R	Hierarchical Level Code	Use value '20'
		HL04	R	Hierarchical Child Code	Use Value '1' - Additional Subordinate HL Data Segment in This Hierarchical Structure.
	PRV/S-71	PRV01	R	Provider Code	Use value 'BI'.
		PRV02	R	Reference Identification Qualifier	Use Value 'ZZ'
		PRV03	R	Provider Taxonomy Code	These codes, as maintained by the National Uniform Claim Committee, can be obtained from <a href="http://www.wpc-edi.com/hipaa">www.wpc-edi.com/hipaa</a> . Submit the Provider Taxonomy that best fits provider type and specialty for the billing provider and that was used for the SC Medicaid Provider Enrollment.
		PRV04	N	State or Province Code	
		PRV05	N	Provider Specialty Information	
		PRV06	N	Provider Organization Code	
	CUR/S-73			Foreign Currency Information	SC Medicaid does not use this segment.
<b>2010AA/ R-76</b>				<b>BILLING PROVIDER NAME</b>	
	NM1/R-76	NM101	R	Entity Identifier Code	Use value '85' for Billing Provider
		NM102	R	Entity Type Qualifier	Value '1' – Person Value '2' Non-Person Entity
		NM103	R	Billing Provider Last or Organization Name	This element is the equivalent of: ADA Field Number (F#) 48

**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		NM104	S	Billing Provider First Name	Required if NM102=1 (person).
		NM105	S	Billing Provider Middle Name	Required if NM102=1 and the middle name/initial of the person if known.
		NM106	N	Name Prefix	
		NM107	S	Billing Provider Name Suffix	Required if known.
		NM108	R	Identification Code Qualifier	Use value 'XX' for NPI.
		NM109	R	Billing Provider Identifier	NPI for Billing Provider.
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	N3/R-80	N301	R	Billing Provider Address Line	
		N302	S	Billing Provider Address Line	
	N4/R-81	N401	R	Billing Provider City Name	
		N402	R	Billing Provider State or Province Code	
		N403	R	Billing Provider Postal Zone or Zip Code	Submit Full 9 Digit Zip Code
		N404	S	Billing Provider Country Code	
		N405	N	Location Qualifier	
		N406	N	Location Identifier	

**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
	REF/S-83	REF01	R	Reference Identification Qualifier	Enter 'SY' for Social Security Number or 'EI' for Employer's ID Number in the first iteration of this segment.
		REF02	R	Billing Provider Additional Identifier	Enter either the Social Security Number or Employer's ID Number must be sent in the first iteration of this segment.
		REF03	N	Description	
		REF04	N	Reference Identifier	
	REF/S-85			Claim Submitter Credit/Debit Card Information	SC Medicaid will not use this segment.
<b>2010AB/R-87</b>				<b>PAY-TO PROVIDER NAME</b>	SC Medicaid will not use this loop.
<b>2000B/R-96</b>				<b>SUBSCRIBER HIERARCHICAL LEVEL</b>	
	HL/R-96	HL01	R	Hierarchical ID Number	Assigned by Submitter
		HL02	R	Hierarchical Parent ID Number	Assigned by Submitter
		HL03	R	Hierarchical Level Code	Use Value '22' - Subscriber

**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		HL04	R	Hierarchical Child Code	Assigned by Submitter Value '0' - No Subordinate HL Segment in This Hierarchical Structure. Value '1' - Additional Subordinate HL Data Segment in This Hierarchical Structure.
	SBR/R-99	SBR01	R	Payer Responsibility Sequence Number Code	Value 'P' - Primary Value 'S' - Secondary Value 'T' - Tertiary (payer of last resort)
		SBR02	S	Individual Relationship Code	Use Value '18' - Self
		SBR03	S	Insured Group or Policy Number	
		SBR04	S	Insured Group Name	
		SBR05	N	Insurance Type Code	
		SBR06	R	Coordination of Benefits Code	
		SBR07	N	Yes/No Condition or Response Code	
		SBR08	N	Employment Status Code	
		SBR09	S	Claim Filing Indicator Code	Use Value 'MC' - Medicaid
<b>2010BA/R-103</b>				<b>SUBSCRIBER NAME</b>	
	NM1/R-103	NM101	R	Entity Identifier Code	Use Value 'IL' - Insured/Subscriber
		NM102	R	Entity Type Qualifier	Use Value '1' - Person

**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		NM103	R	Subscriber Last Name	This element is the equivalent of: ADA Field Number 12
		NM104	S	Subscriber First Name	This element is the equivalent of: ADA Field Number 12 This data element is required when NM102 equals one (1).
		NM105	S	Subscriber Middle Name	This data element is required when NM102 = 1 and the Middle Name or Initial of the person is known.
		NM106	N	Name Prefix	
		NM107	S	Subscriber Name Suffix	This data element is required when the NM102 equals one (1) and the name suffix is known. Examples: I, II, III, IV, Jr, Sr.
		NM108	S	Identification Code Qualifier	Use value 'MI' – Member Identification Number.
		NM109	S	Identification Code	This element is the equivalent of: ADA Field Number 15 Use the recipient's 10 Digit SC Medicaid Identification Number. This data element is required when NM102 equals one (1).
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	

**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
	N3/S-108	N301	R	Subscriber Address Information	This segment is required when the Patient is the same person as the Subscriber. (Required when Loop ID 2000B, SBR02- 18 (self)).
		N302	S	Subscriber Address Information	
	N4/S-109	N401	R	Subscriber City Name	This segment is required when the Patient is the same person as the Subscriber. (Required when Loop ID 2000B, SBR02- 18 (self)).
		N402	R	Subscriber State Code	
		N403	R	Subscriber Postal Zone or ZIP Code	
		N404	S	Country Code	
		N405	N	Location Qualifier	
		N406	N	Location Identifier	
	DMG/S-111	DMG01	R	Date Time Period Format Qualifier	This segment is required when the Patient is the same person as theSubscriber. (Required when Loop ID 2000B, SBR02- 18 (self)). Use Value 'D8'
		DMG02	R	Subscriber Birth Date	Format is CCYYMMDD
		DMG03	R	Subscriber Gender Code	
		DMG04	N	Marital Status Code	
		DMG05	N	Race or Ethnicity Code	
		DMG06	N	Citizenship Status Code	

**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		DMG07	N	Country Code	
		DMG08	N	Basis of Verification Code	
		DMG09	N	Quantity	
	REF/S-113	REF01	R	Reference Identification Qualifier	SC Medicaid will not Use this Segment
	REF/S-115			Property and Casualty Claim Number	SC Medicaid will not use this segment.
<b>2010BB/ R-117</b>				<b>PAYER NAME</b>	
	NM1/R-117	NM101	R	Entity Identifier Code	Use Value 'PR' – Payer
		NM102	R	Entity Type Qualifier	Use Value '2' – Non-Person Entity
		NM103	R	Payer Name	Use value 'SC Medicaid'.
		NM104	N	First Name	
		NM105	N	Middle Name	
		NM106	N	Name Prefix	
		NM107	N	Name Suffix	
		NM108	R	Identification Code Qualifier	Use value 'PI' – Payer Identification.
		NM109	R	Payer Identifier	Use value 'SCXIX'.
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	



**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
	N3/S-121	N301	R	Payer Address Line	Use value '1801 Main Street'.
		N302	S	Payer Address Line	
	N4/S-122	N401	R	Payer City Name	Use value 'Columbia'.
		N402	R	Payer State Code	Use value 'SC'.
		N403	R	Payer Postal Zone or ZIP Code	Use value '29201'.
		N404	S	Country Code	
		N405	N	Location Qualifier	
		N406	N	Location Identifier	
	REF/S-124	REF01	R	Payer Secondary Identification Number	SC Medicaid will not use this segment.
2010BC/S-126				<b>CREDIT/DEBIT CARD ACCOUNT</b>	SC Medicaid will not use this loop.
2000C/S-132				<b>PATIENT HIERARCHICAL LEVEL</b>	SC Medicaid will not use this loop.
2010CA/R-136				<b>PATIENT NAME</b>	SC Medicaid will not use this loop.
2300/R-149				<b>CLAIM INFORMATION</b>	

**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
	CLM/R-149	CLM01	R	Patient Account Number	<p>The number that the submitter transmits in this position is echoed back to the submitter in the 835 and other transactions. This permits the submitter to use the value in this field as a key in the submitter's system to match the claim to the payment information returned in the 835 transaction. The two recommended identifiers are either the patient account number or the claim number in the billing provider's system.</p> <p>The MAXIMUM NUMBER OF CHARACTERS to be supported for this field is '20'. A Provider may submit fewer characters depending upon their needs.</p> <p>However, the HIPAA maximum requirement to be supported by any responding system is '20'. Characters beyond 20 are not required to be stored nor returned by any receiving system.</p>
		CLM02	R	Total Claim Charge Amount	<p>This element is the equivalent of:</p> <p>ADA Field Number 33. Due to limitations in the SCMMIS, this entry should have no more than 5 positions to the left of the decimal and two positions to the right – 9(5)V99</p>
		CLM03	N	Claim Filing Indicator Code	
		CLM04	N	Non-Institutional Claim Type Code	
		CLM05-1	R	Facility Type Code	<p>This element is the equivalent of:</p> <p>ADA Field Number 38</p> <p>Reference Code Source 237 for valid codes and SC Medicaid billing requirements for allowable Place Of Service (POS) codes for Dental claims.</p>
		CLM05-2	N	Facility Code Qualifier	

**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		CLM05-3	R	Claim Submission Reason Code	NOTE: for codes 7 and 8 the Claim Control Number (CCN) of the original claim must be provided in a REF segment in this loop in the Claim Original Reference Number element.
		CLM06	R	Provider or Supplier Signature Indicator	
		CLM07	S	Medicare Assignment Code	
		CLM08	R	Benefits Assignment Certification Indicator	
		CLM09	R	Release Of Information Code	
		CLM10	N	Patient Signature Source Code	
		CLM11-1	R	Related Causes Code	Value AA is the equivalent of: ADA Field Number 45 Value EM is the equivalent of: ADA Field Number 45 Value OA is the equivalent of: ADA Field Number 45
		CLM11-2	S	Related Causes Code	SC Medicaid will not use this element.
		CLM11-3	S	Related Causes Code	SC Medicaid will not use this element.
		CLM11-4	S	Auto Accident State or Province Code	
		CLM11-5	S	Country Code	

**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		CLM12	S	Special Program Indicator	Value 01 is the equivalent of: ADA Field Number 1 Required if the services were rendered under one of the following circumstances, programs or projects. 01 – Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) or Child Health Assessment Program (CHAP) 02 – Physically Handicapped Children’s Program 03 – Special Federal Funding 05 – Disability
		CLM13	N	Yes/No Condition or Response Code	
		CLM14	N	Level of Service Code	
		CLM15	N	Yes/No Condition or Response Code	
		CLM16	N	Provider Agreement Code	
		CLM17	N	Claim Status Code	
		CLM18	N	Yes/No Condition or Response Code	
		CLM19	S	Claim Submission Reason Code	
		CLM20	S	Delay Reason Code	Required when claim is submitted late (past contracted date of filing limitations).
	DTP/S-157	DTP01	R	Date Time Qualifier	Required on inpatient visit claims. Use Value ‘435’ – Admission

**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		DTP02	R	Date Time Period Format Qualifier	Use Value 'D8' – Date
		DTP03	R	Related Hospitalization Admission Date	Format is CCYYMMDD
	DPT/S – 158	DTP01	R	Date Time Qualifier	Required for inpatient claims when the patient was discharged from the facility and the discharge date is known. Use Value '096' – Discharge Date
		DTP02	R	Date Time Period Format Qualifier	Use Value 'D8' – Date
		DTP03	R	Discharge or End of Care Date	Format is CCYYMMDD
	DTP/S – 160	DTP01	R	Date Time Qualifier	Required when claim includes a referral. Use Value '330' – Referral Date
		DTP02	R	Date Time Period Format Qualifier	Use Value 'D8' – Date
		DTP03	R	Referral Date	Format is CCYYMMDD
	DTP/S – 161	DTP01	R	Date Time Qualifier	Required if CLM11-1, CLM11-2 or CLM11-3 = AA, EM or OA. Use Value '439' – Accident Date
		DTP02	R	Date Time Period Format Qualifier	Use Value 'D8' – Date
		DTP03	R	Accident Date	Format is CCYYMMDD
	DTP/S – 162	DTP01	R	Date Time Qualifier	Required to report the date orthodontic appliances were placed. Use Value '452' – Appliance Placement Date
		DTP02	R	Date Time Period Format Qualifier	Use Value 'D8' – Date

**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		DTP03	R	Orthodontic Banding Date	Format is CCYYMMDD
	DTP/S-164	DTP01	R	Date/Time Qualifier	Use Value '472' – Service Date
		DTP02	R	Date Time Period Format Qualifier	Use Value 'D8' – Date
		DTP03	R	Service Date	Format is CCYYMMDD
	DN1/S-166	DN101	S	Orthodontic Treatment Months Count	SC Medicaid will not use this Segment
	DN2/S-168	DN201	R	Tooth Number	
		DN202	R	Tooth Status Code	
		DN203	N	Quantity	
		DN204	N	Date Time Period Format Qualifier	
		DN205	N	Date Time Period	
	PWK/S-170	PWK01	R	Attachment Report Type Code	SC Medicaid will not use this Segment
	AMT/S-173	AMT01	R	Amount Qualifier Code	SC Medicaid will not use this Segment
	AMT/S –174	AMT01	R	Credit/Debit Card – Maximum Amount	SC Medicaid will not use this segment.
	REF/S-175	REF01	R	Predetermination of Benefits Identifier	SC Medicaid will not use this segment.
	REF/S-177	REF01	R	Reference Identification Qualifier	Use Value '4N' - Special Payment Reference Number

**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		REF02	R	Service Authorization Exception Code	Allowable Values for this element are: '1' - Immediate/Urgent Care '2' - Services rendered in a retroactive period '3' - Emergency care '4' - Client as temporary Medicaid '5' - Request from County for second opinion to recipient can work '6' - Request for override pending '7' - Special handling
		REF03	N	Description	
		REF04	N	Reference Identifier	
	REF/S -179	REF01	R	Reference Identification Qualifier	Use value 'F8' – Original Reference Number – when element CLM05-3 equals 6, 7 or 8.
		REF02	R	Claim Original Reference Number	Use the CCN of the original claim.
		REF03	N	Description	
		REF04	N	Reference Identifier	
	REF/S-181	REF01	R	Reference Identification Qualifier	SCMMIS will read an authorization number at this loop only and will ignore one at the service line level. Enter the number whether it pertains to the claim or the service line.  Use value 'G1' – Prior Authorization Number – when prior authorization applies to the claim.  Use value '9F' – Referral Number – when the patient was referred by the PEP provider.

**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		REF02	R	Prior Authorization or Referral Number	
		REF03	N	Description	
		REF04	N	Reference Identifier	
	NTE/S-185	NTE01		Note Reference Code	SC Medicaid will not use this segment.
		NTE02		Claim Note Text	
<b>2310A/S-187</b>				<b>REFERRING PROVIDER NAME</b>	SC Medicaid will not use this loop.
	NM1/S-187	NM101	R	Entity Identifier Code	
		NM102	R	Entity Type Qualifier	
		NM103	R	Referring Provider Last Name	
		NM104	S	Referring Provider First Name	
		NM105	S	Referring Provider Middle Name	
		NM106	N	Name Prefix	
		NM107	S	Referring Provider Name Suffix	
		NM108	S	Identification Code Qualifier	
		NM109	S	Referring Provider Identifier	
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	



**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
	PRV/S-190	PRV01	R	Provider Code	
		PRV02	R	Reference Identification Qualifier	
		PRV03	R	Provider Taxonomy Code	
		PRV04	N	State or Province Code	
		PRV05	N	Provider Specialty Information	
		PRV06	N	Provider Organization Code	
	N2/S-192	N201	R	Referring Provider Name Additional Text	
		N202	N	Name	
	REF/S-193	REF01	R	Reference Identification Qualifier	
		REF02	R	Referring Provider Secondary Identifier	
		REF03	N	Description	
		REF04	N	Reference Identifier	
2310B/S-195				<b>RENDERING PROVIDER NAME</b>	Required when the Rendering Provider NM1 information is different than that carried in either the Billing Provider NM1 or the Pay-to Provider NM1 in the 2010AA loop
	NM1/S-195	NM101	R	Entity Identifier Code	Use value '82'
		NM102	R	Entity Type Qualifier	Value '1' – Person Value '2' Non-Person Entity

**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		NM103	R	Rendering Provider Last or Organization Name	
		NM104	S	Rendering Provider First Name	Required if NM102=1 (person).
		NM105	S	Rendering Provider Middle Name	Required if NM102=1 and the middle name/initial of the person is known
		NM106	N	Name Prefix	
		NM107	S	Rendering Provider Name Suffix	Required if known
		NM108	R	Identification Code Qualifier	Use value 'XX' for NPI.
		NM109	R	Rendering Provider Identifier	NPI for Rendering Provider.
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	PRV/S-198	PRV01	R	Provider Code	Use value 'PE'
		PRV02	R	Reference Identification Qualifier	Use value 'ZZ'
		PRV03	R	Provider Taxonomy Code	These codes, as maintained by the National Uniform Claim Committee, can be obtained from <a href="http://www.wpc-edi.com/hipaa">www.wpc-edi.com/hipaa</a> . Submit the Provider Taxonomy that best fits provider type and specialty for the rendering provider and that was used for the SC Medicaid Provider Enrollment.
		PRV04	N	State or Province Code	
		PRV05	N	Provider Specialty Information	
		PRV06	N	Provider Organization Code	

**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
	REF/S-201	REF01	R	Reference Identification Qualifier	
		REF02	R	Rendering Provider Secondary Identifier	
		REF03	N	Description	
		REF04	N	Reference Identifier	
<b>2310C/S-203</b>				<b>SERVICE FACILITY</b>	SC Medicaid will not use this loop.
<b>2310D/S-20 addenda</b>				<b>ASSISTANT SURGEON NAME</b>	SC Medicaid will not use this loop.
<b>2320/S-209</b>				<b>OTHER SUBSCRIBER INFORMATION</b>	Required if other payers are known to potentially be involved in paying on this claim. Include Medicare payments.
	SBR/S-209	SBR01	R	Payer Responsibility Sequence Number Code	
		SBR02	R	Individual Relationship Code	
		SBR03	R	Insured Group or Policy Number	
		SBR04	S	Policy Name	
		SBR05	N	Insurance Type Code	
		SBR06	N	Coordination of Benefits Code	
		SBR07	N	Yes/No Condition or Response Code	
		SBR08	N	Employment Status Code	

**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		SBR09	S	Claim Filing Indicator Code	
	CAS/S-213	CAS01	R	Claim Adjustment Group Code	
		CAS02	R	Adjustment Reason Code	
		CAS03	R	Adjustment Amount	
		CAS04	S	Adjustment Quantity	
		CAS05	S	Adjustment Reason Code	
		CAS06	S	Adjustment Amount	
		CAS07	S	Adjustment Quantity	
		CAS08	S	Adjustment Reason Code	
		CAS09	S	Adjustment Amount	
		CAS10	S	Adjustment Quantity	
		CAS11	S	Adjustment Reason Code	
		CAS12	S	Adjustment Amount	
		CAS13	S	Adjustment Quantity	
		CAS14	S	Adjustment Reason Code	
		CAS15	S	Adjustment Amount	
		CAS16	S	Adjustment Quantity	

**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		CAS17	S	Adjustment Reason Code	
		CAS18	S	Adjustment Amount	
		CAS19	S	Adjustment Quantity	
	AMT/S-220	AMT01	R	Amount Qualifier Code	
		AMT02	R	Payer Paid Amount	
		AMT03	N	Credit/Debit Flag Code	
	AMT/S – 221	AMT01	R	Amount Qualifier Code	
		AMT02	R	Approved Amount	
		AMT03	N	Credit/Debit Flag Code	
	AMT/S – 222	AMT01	R	Amount Qualifier Code	
		AMT02	R	Allowed Amount	
		AMT03	N	Credit/Debit Flag Code	
	AMT/S – 223	AMT01	R	Amount Qualifier Code	
		AMT02	R	Patient Responsibility Amount	
		AMT03	N	Credit/Debit Flag Code	
	AMT/S – 224	AMT01	R	Amount Qualifier Code	

**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		AMT02	R	Covered Amount	
		AMT03	N	Credit/Debit Flag Code	
	AMT/S – 225	AMT01	R	Amount Qualifier Code	
		AMT02	R	Other Payer Discount Amount	
		AMT03	N	Credit/Debit Flag Code	
	AMT/S – 226	AMT01	R	Amount Qualifier Code	
		AMT02	R	Other Payer Patient Paid Amount	
		AMT03	N	Credit/Debit Flag Code	
	DMG/S-227	DMG01	R	Date Time Period Format Qualifier	
		DMG02	R	Other Insured Birth Date	
		DMG03	R	Other Insured Gender Code	
		DMG04	N	Marital Status Code	
		DMG05	N	Race or Ethnicity Code	
		DMG06	N	Citizenship Status Code	
		DMG07	N	Country Code	
		DMG08	N	Basis of Verification Code	

**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		DMG09	N	Quantity	
	OI/R-229	OI01	N	Claim Filing Indicator Code	
		OI02	N	Claim Submission Reason Code	
		OI03	R	Benefits Assignment Certification Indicator	
		OI04	N	Patient Signature Source Code	
		OI05	N	Provider Agreement Code	
		OI06	R	Release Of Information Code	
<b>2330A/R-231</b>				<b>OTHER SUBSCRIBER NAME</b>	
	NM1/R – 231	NM101	R	Entity Identifier Code	
		NM102	R	Entity Type Qualifier	
		NM103	R	Other Insured Last Name	
		NM104	R	Other Insured First Name	
		NM105	R	Other Insured Middle Name	
		NM106	N	Name Prefix	
		NM107	S	Other Insured Name Suffix	
		NM108	R	Identification Code Qualifier	

**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		NM109	R	Other Insured Identifier	
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	N3/S-235	N301	R	Other Insured Address Line	
		N302	S	Other Insured Address Line	
	N4/S-236	N401	R	Other Insured City Name	
		N402	R	Other Insured State Code	
		N403	R	Other Insured Postal Zone or ZIP Code	
		N404	S	Other Insured Country Code	
		N405	N	Location Qualifier	
		N406	N	Location Identifier	
	REF/S-238	REF01	R	Reference Identification Qualifier	
		REF02	N	Other Insured Additional Identifier	
		REF03	N	Description	
		REF04	N	Reference Identifier	
<b>2330B/R-240</b>				<b>OTHER PAYER NAME</b>	Submitters are required to send all known information on other payers in this Loop ID-2330.
	NM1/R-240	NM101	R	Entity Identifier Code	



**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		NM102	R	Entity Type Qualifier	
		NM103	R	Other Payer Last or Organization Name	
		NM104	N	First Name	
		NM105	N	Middle Name	
		NM106	N	Name Prefix	
		NM107	N	Name Suffix	
		NM108	R	Identification Code Qualifier	Use value 'PI'
		NM109	R	Other Payer Primary Identifier	This number must be identical to SVD01 (Loop ID-2430) for COB.  Use the carrier codes assigned by SC Medicaid to identify other insurance carriers.
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	PER/S-243			Other Payer Contact Information	SC Medicaid will not use this segment.
	DTP/S-246	DTP01	R	Date Time Qualifier	
		DTP02	R	Date Time Period Format Qualifier	
		DTP03	R	Date Claim Period	
	REF/S-247			Other Payer Secondary Identifier	SC Medicaid will not use this segment.

**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
	REF/S-249			Other Payer Referral Number	SC Medicaid will not use this segment.
	REF/S-251	REF01	R	Reference Identification Qualifier	
		REF02	R	Other Payer Claim Adjustment Indicator	
		REF03	N	Description	
		REF04	N	Reference Identifier	
<b>2330C/S-253</b>				<b>OTHER PAYER PATIENT INFORMATION</b>	SC Medicaid will not use this Loop
<b>2330D/S-257</b>				<b>OTHER PAYER REFERRING PROVIDER</b>	SC Medicaid will not use this loop.
<b>2330E/S-261</b>				<b>OTHER PAYER RENDERING PROVIDER</b>	SC Medicaid will not use this loop.
<b>2400/R-265</b>				<b>SERVICE LINE</b>	
	LX/R-265	LX01	R	Assigned Number	
	SV3/R-266	SV301-1	R	Product or Service ID Qualifier	
		SV301-2	R	Procedure Code	This element is the equivalent of: ADA Field Number 29
		SV301-3	S	Procedure Code Modifier	
		SV301-4	S	Procedure Code Modifier	
		SV301-5	S	Procedure Code Modifier	

**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		SV301-6	S	Procedure Code Modifier	
		SV301-7	N	Description	
		SV302	R	Line Item Charge Amount	This element is the equivalent of: ADA Field Number 31
		SV303	S	Facility Type Code	Reference Code Source 237 for valid codes and SC Medicaid billing requirements for allowable POS codes for Dental claims.
		SV304	S	Oral Cavity Designation	Required to report areas of the mouth that are being treated.
		SV304-1	R	Oral Cavity Designation Code	
		SV304-2	S	Oral Cavity Designation Code	
		SV304-3	S	Oral Cavity Designation Code	
		SV304-4	S	Oral Cavity Designation Code	
		SV304-5	S	Oral Cavity Designation Code	
		SV305	S	Prosthesis, Crown, or Inlay Code	
		SV306	R	Procedure Count	
		SV307	N	Description	
		SV308	N	Co-pay Status Code	
		SV309	N	Provider Agreement Code	

**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		SV310	N	Yes/No Condition or Response Code	
		SV311	N	Composite Diagnosis Code Pointer	
	TOO/S-271	TOO01	R	Code List Qualifier Code	
		TOO02	S	Tooth Code	This element is the equivalent of: ADA Field Number 27
		TOO03-1	R	Tooth Surface Code	This element is the equivalent of: ADA Field Number 28
		TOO03-2	S	Tooth Surface Code	
		TOO03-3	S	Tooth Surface Code	
		TOO03-4	S	Tooth Surface Code	
		TOO03-5	S	Tooth Surface Code	
	DTP/S-273	DTP01	R	Date Time Qualifier/Service Date	Use Value '472' – Service
		DTP02	R	Date Time Period Format Qualifier	Use Value 'D8' – Date
		DTP03	R	Service Date	This element is the equivalent of: ADA Field Number 24 Format is CCYYMMDD
	DTP/S – 275	DTP01	R	Date Time Qualifier/Prior Placement	
		DTP02	R	Date Time Period Format Qualifier	

**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		DTP03	R	Prior Placement Date	
	DTP/S – 277	DTP01	R	Date Time Qualifier/Appliance Placement	
		DTP02	R	Date Time Period Format Qualifier	
		DTP03	R	Orthodontic Banding Date	
	DTP/S – 279	DTP01	R	Date Time Qualifier/Replacement	
		DTP02	R	Date Time Period Format Qualifier	
		DTP03	R	Replacement Date	
	QTY/S-281	QTY01	R	Quantity Qualifier	
		QTY02	R	Anesthesia Unit Count	
		QTY03	N	Composite Unit of Measure	
		QTY04	N	Free-Form Message	
	REF/S-283	REF01	R	Reference Identification Qualifier	
		REF02	R	Service Predetermination Identification	
		REF03	N	Description	
		REF04	N	Reference Identifier	
	REF/S – 284	REF01	R	Reference Identification Qualifier	
		REF02	R	Prior Authorization or Referral Number	

**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		REF03	N	Description	
		REF04	N	Reference Identifier	
	REF/S – 285	REF01	R	Reference Identification Qualifier	
		REF02	R	Line Item Control Number	
		REF03	N	Description	
		REF04	N	Reference Identifier	
	AMT/ S-287	AMT01	R	Amount Qualifier Code	
		AMT02	R	Approved Amount	
		AMT03	N	Credit/Debit Flag Code	
	NTE/S-288			Line Note	SC Medicaid will not use this segment.
<b>2420A/S-289</b>				<b>RENDERING PROVIDER NAME</b>	Required if the Rendering Provider NM1 information is different than that carried in the 2310B (claim) loop, or if the Rendering provider information is carried at the Billing/Pay-to Provider loop level 2010AA and this particular service line has a different Rendering Provider that what is given in the 2010AA loop. The identifying payer-specific numbers are those that belong to the destination payer identified in loop 2010BB.
	NM1/S-289	NM101	R	Entity Identifier Code	Use value '82'
		NM102	R	Entity Type Qualifier	Value '1' – Person Value '2' – Non-Person Entity

**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		NM103	R	Rendering Provider Last or Organization Name	
		NM104	S	Rendering Provider First Name	Required if NM102=1 (person).
		NM105	S	Rendering Provider Middle Name	Required if NM102=1 and the middle name/initial of the person is known.
		NM106	N	Name Prefix	
		NM107	S	Rendering Provider Name Suffix	Required if known
		NM108	R	Identification Code Qualifier	Use value 'XX' for NPI.
		NM109	R	Rendering Provider Identifier	NPI for Rendering Provider
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	PRV/S-292	PRV01	R	Provider Code	Use value 'PE'
		PRV02	R	Reference Identification Qualifier	Use value 'ZZ'
		PRV03	R	Provider Taxonomy Code	These codes, as maintained by the National Uniform Claim Committee, can be obtained from <a href="http://www.wpc-edi.com/hipaa">www.wpc-edi.com/hipaa</a> . Submit the Provider Taxonomy that best fits provider type and specialty for the billing provider and that was used for the SC Medicaid Provider Enrollment.
		PRV04	N	State or Province Code	
		PRV05	N	Provider Specialty Information	

**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		PRV06	N	Provider Organization Code	
	REF/S-295	REF01	R	Reference Identification Qualifier	
		REF02	R	Rendering Provider Secondary Identifier	
		REF03	N	Description	
		REF04	N	Reference Identifier	
<b>2420B/S-297</b>				<b>OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER</b>	SC Medicaid will not use this loop.
<b>2420C/S-37 (Addenda)</b>				<b>ASSISTANT SURGEON NAME</b>	SC Medicaid will not use this loop.
<b>2430/S-301</b>				<b>SERVICE LINE ADJUDICATION INFORMATION</b>	
	SVD/S-301	SVD01	R	Other Payer Primary Identifier	
		SVD02	R	Service Line Paid Amount	
		SVD03-1	R	Product or Service ID Qualifier	
		SVD03-2	R	Procedure Code	
		SVD03-3	S	Procedure Modifier	
		SVD03-4	S	Procedure Modifier	
		SVD03-5	S	Procedure Modifier	
		SVD03-6	S	Procedure Modifier	



**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		SVD03-7	S	Procedure Code Description	
		SVD04	N	Product/Service ID	
		SVD05	R	Paid Service Unit Count	
		SVD06	S	Bundled or Unbundled Line Number	
	CAS/S-305	CAS01	R	Adjustment Group Code	
		CAS02	R	Adjustment Reason Code	
		CAS03	R	Adjustment Amount	
		CAS04	S	Adjustment Quantity	
		CAS05	S	Adjustment Reason Code	
		CAS06	S	Adjustment Amount	
		CAS07	S	Adjustment Quantity	
		CAS08	S	Adjustment Reason Code	
		CAS09	S	Adjustment Amount	
		CAS10	S	Adjustment Quantity	
		CAS11	S	Adjustment Reason Code	
		CAS12	S	Adjustment Amount	
		CAS13	S	Adjustment Quantity	
		CAS14	S	Adjustment Reason Code	
		CAS15	S	Adjustment Amount	

**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		CAS16	S	Adjustment Quantity	
		CAS17	S	Adjustment Reason Code	
		CAS18	S	Adjustment Amount	
		CAS19	S	Adjustment Quantity	
	DTP/R-312	DTP01	R	Date Time Qualifier	
		DTP02	R	Date Time Period Format Qualifier	
		DTP03	R	Adjudication or Payment Date	
<b>9999/R-313</b>				<b>TRANSACTION SET TRAILER</b>	
	SE/R-313	SE01	R	Transaction Segment Count	Enter Number of Segments Included in Transaction Set, including the ST and SE.
		SE02	R	Transaction Set Control Number	Assigned by Sender – Must be Identical to Transaction Set Header ST02
	<b>GS/R-B.10</b>	GS01	R	Number of Transaction Sets Included	Enter Number of Transaction Sets Included
		GS02	R	Group Control Number	Assigned by Sender – Must be Identical to Functional Header GE02
	<b>IEA/R-B.7</b>	IEA01	R	Number of Included Functional Groups	Enter Number of Functional Groups Included
		IEA02	R	Interchange Control Number	Assigned by Sender – Must be Identical to Interchange Header ISA13

## 4. DOCUMENT CHANGE HISTORY

Project Information
<b>Project Name:</b> 837 Dental Companion Guide

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Version	Approval Date	Changed By	Reason
1.0	06/30/03		Original Document
1.1	9/3/03	Jim Hazelrigs	<p>Page 2, 3<sup>rd</sup> bullet from the bottom changed to read:</p> <ul style="list-style-type: none"> <li>For a recipient's unknown Social Security Number (SSN), use "123456789" as the submitted value to SC Medicaid.</li> </ul>
1.2	9/30/03	Jim Hazelrigs	<p><b>Following text is removed from page 2, SCOPE paragraph –</b></p> <p>A trading partner may not have all data collected in their system to plug every required field on the transaction. In these cases, the following values are suggested:</p> <ul style="list-style-type: none"> <li>For unknown fields defined as an (alphanumeric) in the ANSI X12 <i>HIPAA Implementation Guide</i>, use UNKNOWN as the submitted value to SC Medicaid.</li> <li>For date fields defined as CCYYMMDD in the ANSI X12 <i>HIPAA Implementation Guide</i> that are not known, use format 99991231 as the submitted value to SC Medicaid.</li> <li>For an recipient's unknown Social Security Number (SSN), use "123456789" as the submitted value to SC Medicaid.</li> </ul> <p>NOTE: The submission of these values does not guarantee a payment. All claims are subject to the SC Medicaid edits.</p>

**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Version	Approval Date	Changed By	Reason
1.3	3-Dec-03	Jim Hazelrigs	Page 3 – For REF02 segment Use value '004010X097DA1' in test mode and '004010X97A1' in production. It now reads use value '004010X97A1'
1.4	16-Jan-04	Jim Hazelrigs	p.14 – referring to the CLM02 entry – Total Claim Charge Amount  added the text – “Due to limitations in the SCMMIS, this entry should have no more than 7 positions to the left of the decimal and two positions to the right – 9(7)V99”.  P 18 – referring to the REF01 entry – Predetermination of Benefits Identifier  SCMMIS will read an authorization number at this loop only and will ignore one at the service line level. Enter the number whether it pertains to the claim or the service line.
1.5	23-Jan-04	Jim Hazelrigs	p. 19 – Due to a change in the 837 dental map the following change is made: <ul style="list-style-type: none"> <li>The entry made concerning p. 18 in version 1.4 above is deleted.</li> <li>New entry referring to the REF01 segment from p. 181 of the Implementation Guide will have the additional entry as follows:  <p style="margin-left: 40px;">SCMMIS will read an authorization number at this loop only and will ignore one at the service line level. Enter the number whether it pertains to the claim or the service line.</p> </li> <li>Additional note added:  <p style="margin-left: 40px;">Use value '9F' – Referral Number – when the patient was referred by the PEP provider.</p> </li> </ul>
1.6	3-Mar-04	Jim Hazelrigs	p.14 – referring to the CLM02 entry – Total Claim Charge Amount  added the text – “Due to limitations in the SCMMIS, this entry should have no more than 5 positions to the left of the decimal and two positions to the right – 9(5)V99”.
1.7	19-Mar-04	Colleen McCuen	p. 19 – referring to the NTE/S-185 segment  added that we will now use NTE01 and that NTE02 will be used to indicate an emergency visit by entering 'EMERGENCY' in this field.

**HTSCS**  
**837 Dental Companion Guide**  
**Specifications**

Version	Approval Date	Changed By	Reason
2.0	12/08/05	Colleen McCuen	Various changes throughout the document to reflect changes needed for the National Provider Identifier (NPI); SC Medicaid Specifications added to the following: p.6, Element HL03, Element PRV03, Element NM101 p.7, Element NM108, Element NM109 p.8, Element REF01, Element REF02 p.22, Element NM101, Element NM108, Element NM109, Element PRV01, Element PRV02 p.23, Element PRV03, Element REF02 p.35, Element NM101 p.36, Element NM108, Element NM109, Element PRV01, Element PRV02, Element PRV03
2.1	4/11/06	Colleen McCuen	Changed transaction type code on page 3 from 'Use value '004010X97A1' ' to 'Use value '004010X097A1'.
2.2	5/24/07	Kathy Dugan	Pg 1, removed 'at no charge' in reference to Implementation Guide Availability. National Provider Identifier Transition Period Instructions. General Cleanup. Added ISA/IEA and GS/GE information.
2.3	05/14/2008	Charley Cosby	